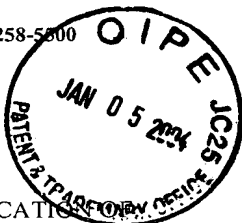


TELEPHONE (312) 258-5500

SCHIFF HARDIN & WAITE

MAIL STOP NON-FEE
AMENDMENTS

PATENT DEPARTMENT

6600 SEARS TOWER

233 SOUTH WACKER DRIVE

CHICAGO, ILLINOIS 60606

GROUP ART UNIT: 2644

IN RE APPLICATION

Arndt et al.

SERIAL NO.: 09/594,393

EXAMINER: Devona Faulk

FILED: June 15, 2000 CONFIRMATION NO.: 1384

TITLE: "METHOD AND ADAPTING A HEARING AID, AND HEARING AID WITH A DIRECTIONAL
MICROPHONE ARRANGEMENT FOR IMPLEMENTING THE METHOD"

AMENDMENT "A"

RECEIVED

JAN 07 2004

Technology Center 2600

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED							
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE	
TOTAL CLAIMS	*10	MINUS	**20	X	() X 9.00 () X 18.00		
INDEP. CLAIMS	*2	MINUS	3	X	() X 43.00 () X 86.00		
Application amended to contain any multiple dependent claims not previously paid for.				() YES () NO	() \$145.00 () \$290.00 ONE TIME		
				TOTAL ADDITIONAL FEE FOR THIS AMENDMENT		\$0.00	

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

- ☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated _____ for _____ months so that the period for response is extended to _____. A check in the amount of \$_____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$_____ is attached.
- ☐ A check for \$_____ accompanying IDS under 37 CFR 1.97(c) is attached
- ☐ A check for \$_____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.
- When phoning re this application, please call (312) 258-5500.

SCHIFF HARDIN & WAITE (Customer Number: 26574)

Patent Department

BY Steven H. Noll (28,982)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on December 31, 2003

Steven H. Noll

NAME OF APPLICANT'S ATTORNEY

Steven H. Noll

SIGNATURE

December 31, 2003

DATE



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

AMENDMENT "A"

APPLICANTS: Arndt et al. GROUP ART UNIT: 2644
SERIAL NO.: 09/594,393 EXAMINER: Devona Faulk
FILED: June 15, 2000 CONFIRMATION NO.: 1384
TITLE: "METHOD AND ADAPTING A HEARING AID, AND HEARING
AID WITH A DIRECTIONAL MICROPHONE ARRANGEMENT
FOR IMPLEMENTING THE METHOD"

CAF
-1404
OK

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

RECEIVED

JAN 07 2004

Technology Center 2600

S I R:

In response to the Office Action dated October 8, 2003, Applicants herewith
amend the application as follows.